

## CENTERS OF EXCELLENCE BUDGET AMENDMENT REQUEST

TO: Office of Technology and Science  
c/o Heather Greenwall  
324 South State, #500  
Salt Lake City, UT 84111  
801-538-8888 FAX  
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FROM:

1. Name of Center: \_\_\_\_\_ Principal Investigator: \_\_\_\_\_

2. Proposed Amendment:

3. Why is this amendment needed? What will it accomplish for the Center?

Please fill out following information:

	Present Budget	Proposed Budget	Dollar Difference	Percent Difference
Personnel costs				
General Expenses				
Equipment				
Sub-Contracts				
<b>TOTAL</b>	\$	\$		

**Requested by:**

\_\_\_\_\_

**Signature**

**Date**

**Approved by:**

\_\_\_\_\_

**Date** \_\_\_\_\_  
**Signature**